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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner Amanda R. Flynn - United States Patent and Trademark Office**

Fax No. 703-872-9306

Phone No. 703-306-4065

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on January 12, 2004, to the above-identified facsimile number.

Marcia Mueller (Signature)

FROM: Marcia Mueller (Typed or printed name of person signing Certificate)

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Number of Pages Including this Page: 9 pages

- 1) Response Transmittal (1 page)
- 2) Duplicate Copy (1 page)
- 3) Response to Office Action (6 pages)
- 4)
- 5)

Inventor(s): Gregory Ashton, et al.

S.N.: 09/897,823

Filed: June 29, 2001

Case: 8618

Comments:

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE
RESPONSE/AMENDMENT

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 09/897,823
 Applicant(s) : Gregory Ashton, et al.
 Filed : 06/29/2001
 Title : Disposable Absorbent Garment Having Highly Extensible Leg
 Openings
 TC/A.U. : 3743
 Examiner : Amanda R. Flynn
 Conf. No. : 9706
 Docket No. : 8618
 Customer No. : 27752

1. ☒ No additional fees (claims fees or extension fees) are known to be required.
 2. ☐ The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | |
|-------------------------------------------|-------------------------------------------|-------|---------------------------------------|-------------------|------------------------------|--------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA* | RATE | FEE |
| TOTAL | * 35 | MINUS | ** 38 | = 0 | x \$18 = | \$0.00 |
| INDEP. | * 5 | MINUS | *** 5 | = 0 | x \$86 = | \$0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$290 = | \$0.00 |
| | | | | | TOTAL | \$0.00 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☐ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
- a. ☒ Any patent application processing fees under 37 CFR §1.16.
 b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

Michael P. Hayden
 Michael P. Hayden

Agent for Applicant(s)
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Date: January 12, 2004
 Customer No. 27752
 (8618.Transamd.doc)